SEX EDUCATION PROGRAMS IN

MICHIGAN PUBLIC SCHOOLS

Michigan Department of Education August 1994

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ACKNOWLEDGMENTS

The administration of the Survey of Sex Education Programs in Michigan Schools would not have been possible without the cooperation and support of local school district administrators and sex education program supervisors. The unusually high return rate for these surveys indicates local school district support for effective and comprehensive sex education programs for Michigan students. The Department acknowledges the assistance of Kate Flint of MACRO Systems in creation of the survey questions. Data analysis and the development of this interpretive report was accomplished by Dr. Maureen Walton. The Department is deeply appreciative of her dedication to this project.

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INTRODUCTION

In 1993, the Comprehensive Programs in Health and Early Childhood unit of the Michigan Department of Education conducted a survey of Michigan public school districts to estimate the extent of sex education programming, barriers to sex education, content and teaching strategies, and scope and sequence of curriculum. This survey was a part of the Michigan Department of Education's HIV Prevention Education Project that is funded by the Centers for Disease Control. This document reports the key findings of the survey. Results will help the Department staff assist local school districts in planning a reviewing other sex education programs, and in preparing teachers for classroom instruction in this area.¹

METHODS

Surveys were mailed to all 548 district superintendents with the cover letter asking them to forward the survey to the district's sex education program supervisor who was requested to complete the survey. If surveys were not returned, a second mailing was sent. Districts failing to respond were also contacted by phone and asked to complete the survey. All of these efforts resulted in an excellent response rate of 88% (482 returned surveys out of 548 districts). Each finding presented is based on the umber of districts that responded to a particular question and are noted.

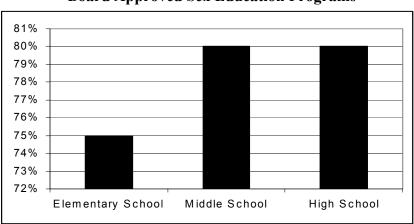
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¹ This survey was formulated prior to language changes in sections 1507 and 1169 of the school code relating to the teaching of abstinence. A follow-up survey will need to assess the number of school districts that include the teaching of abstinence as an integral component of their sex education programs.

FINDINGS

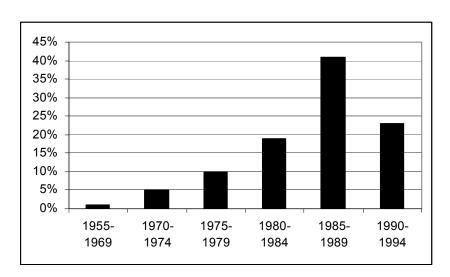
Status of Sex Education

The majority of public school districts responding tot he survey indicated that they have board approved sex education programs: 75% of elementary schools, 80% middle schools, and 80% of high schools.



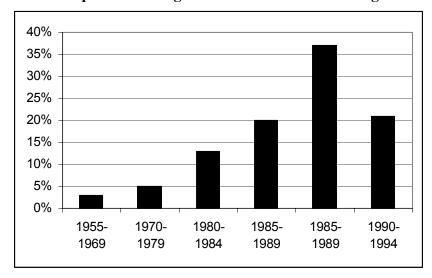
Board Approved Sex Education Programs

Before 1980, only 16% of district middle schools and 21% of high schools had sex education programs. Over half of Middle school (60%) and high school (57%) sex education programs were implemented in the 1980's and a fifth (23% and 20% respectively) are new products of the 1999's.



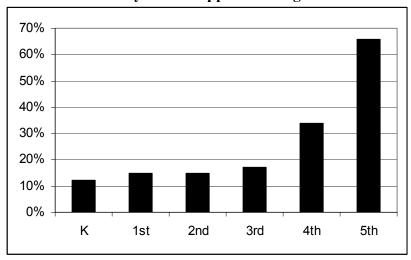
Year Implemented Middle School Sex Education Program

Year Implemented High School Sex Education Program

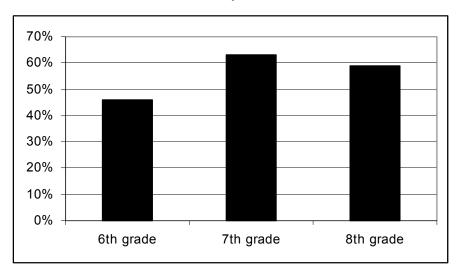


<u>Elementary School</u>. The majority of elementary schools teach sex education in grades 4 (34%) and 5 (66%). The percentage of schools reporting teaching sex education decreased in lower grade levels; less than 20% of districts reported any sex education lessons in grades K through 3. Most districts (68%) provide between one and five sex education lessons; 19% provide six to ten lessons and less than 10% provide more than six lessons.

Elementary School Approved Programs

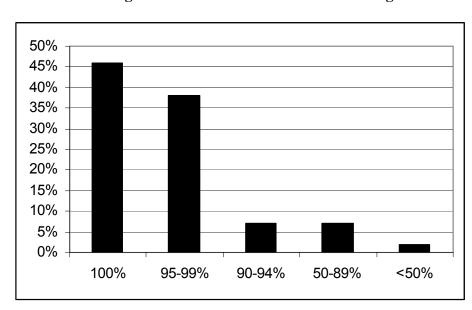


<u>Middle School</u>. While the largest number of districts (63%) indicated that meddle school sex education programs are approved to be taught in grade 7, almost half indicated sex education is also approved to be taught in grade 6 (46%) and over half (59%) indicated it is taught in grade 8.



Sex Education by Grade Level

A greater number of sex education lessons are taught in the middle school than in the elementary school. About one-third of the middle school sample (31%) reported teaching one to five lessons, one third (32%) taught six to ten lessons, less than a third (29% taught eleven to fifteen lessons, and 9% taught sixteen to twenty lessons. When asked to estimate the percentage of students in their middle school that receive sex education, 91% of supervisors estimated that at least nine out of ten of their students received sex education; almost half (46%), estimated that 100% of their students received sex education.



Estimates of Percentage of Middle School Students Receiving Sex Education

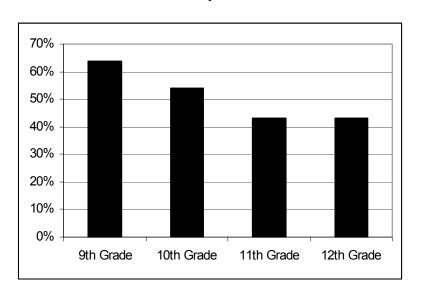
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Over half (57%) indicated that sex education is taught as part of a unit in a health course. Other classes in which sex education is taught are family life units of study and home economic courses.

60%
50%
40%
30%
20%
10%
Separate Unit in Health Unit in Home Other Family Life Course Economic Unit Course

Place Where Middle School Sex Education is Taught

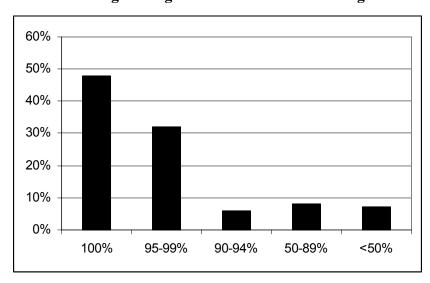
<u>High School</u>. High school sex education is typically approved to be taught in ninth grade (64%). The percentage of approved programs decreased with increasing grade level (54% in tenth grade, and 43% in eleventh and twelfth grade).



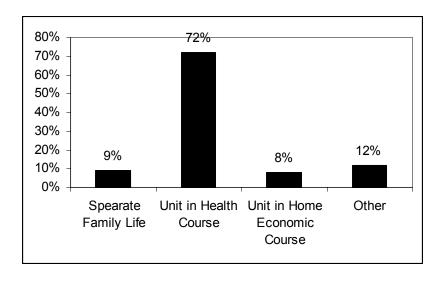
Sex Education by Grade Level

A greater number of sex education lessons are taught in high school than in middle and elementary schools. While about one-fourth the sample (19%) reported one to five lessons, one-third (35%) taught six to ten lessons, less than one-third (28%) taught eleven to fifteen lessons, and 18% taught sixteen to twenty lessons. Similar to responses for middle schools, almost half of sex education program supervisors (48%) estimated that 100% of their students received sex education. Slightly fewer high school than middle school program supervisors (85%), estimated that at least nine out of ten of their students received sex education.

Estimates of Percentage of High School Students Receiving Sex Education



Place Where High School Sex Education is Taught

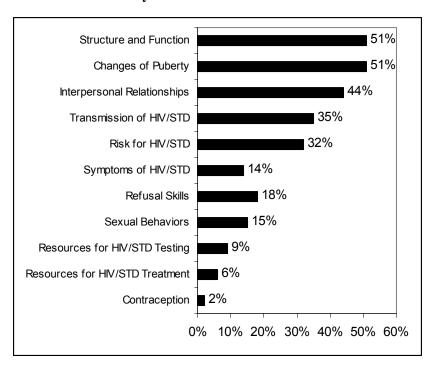


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Content of Sex Education Lessons

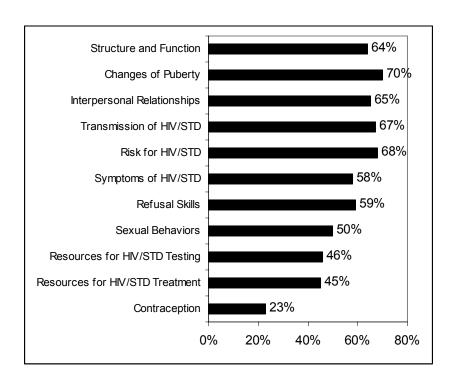
Respondents were asked to indicate what topics were included in their sex education lessons in elementary, middle, and high school. In elementary school, the two topics most frequently included were structure and function (51%) and changes of puberty (51%). Over a third of respondents also indicated that risk and transmission of HIV/STD's, and interpersonal relationships were included. Between ten and twenty percent of respondents also reported that sexual behaviors, refusal skills, or symptoms of HIV/STD's were included in sex education instruction. Less than 10% indicated that resources for HIV/STD testing and treatment, and contraception were included in elementary school sex education lessons.

Elementary School Sex Education Lessons



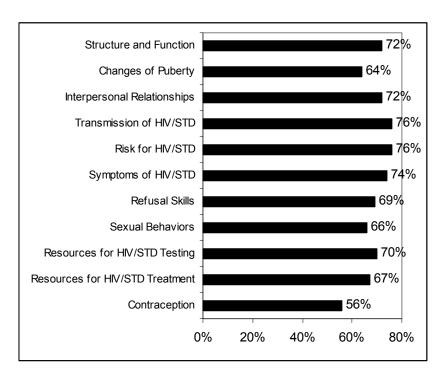
In middle school, changes in puberty, structure, and function were still included by a large percentage of districts (70% and 64% respectively); and the focus on HIV/STD transmission (67%), HIV/STD risk (68%), and interpersonal relationships (65%) remained strong. A large increase was evident, from elementary to middle school, in the percentage of districts including lessons on symptoms (58%), resources for testing (46%), treatment for HIV/STD (45%), sexual behaviors (50%), and refusal skills (59%). Contraception is reported as included in sex education by 23% of school districts.

Middle School Sex Education Lessons



While the percentage of districts including various topics increases from elementary and middle school to high school, the rank importance of the topics remains similar. HIV/STD (76%), HIV/STD risk (76%), symptoms of HIV/STD (74%), and interpersonal relationships (72%) were the most frequent topics included in high school sex education programs. Many high school districts also indicated teaching structure and function (72%) and changes of puberty (64%). Districts including lessons on resources for HIV/STD treatment (67%), testing (70%), sexual behaviors (66%), and refusal skills (69%) increased from middle to high school. Contraception is taught as part of sex education lessons in 56% of reporting high schools.

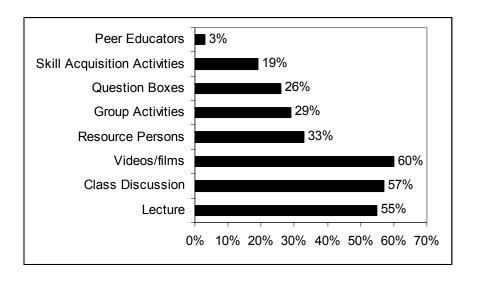




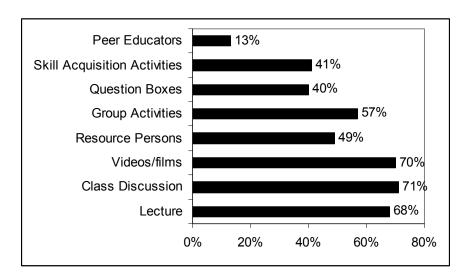
Sex Education Teaching Strategies

District sex education supervisors were asked to indicate what kinds of teaching strategies were included in their sex education lessons in elementary, middle, and high school classes. At all three grade levels, the three most popular strategies were lecture, class discussion and videos/film strips. In elementary school, these were included in over 50% of districts indicating that they had a program. In middle school and high school, they were included in over two-thirds of the districts. Resource persons and group activities were the next most popular teaching strategies although the percentage of districts using these methods varied by school level. In elementary school, resource persons were used by 33% of the districts and group activities were used by 29% of districts. In middle school, 57% used group activities and 49% used resource persons. In high school, resource persons (62%) and group activities (61%) were used by 44% of high schools, 41% of middle schools, and 19% of grade schools. Peer educators were used by 20% of high schools, 13% of middle schools, and 3% of elementary schools.

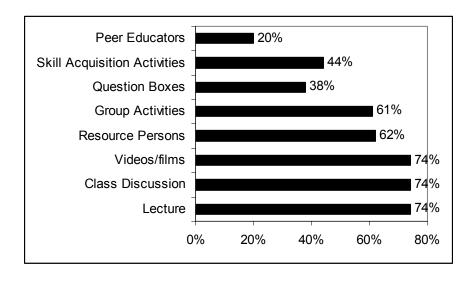
Elementary School Teaching Strategies



Middle School Teaching Strategies



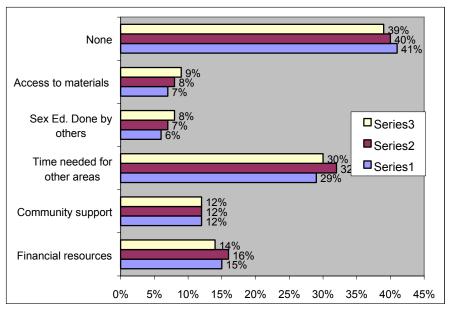
High School Teaching Strategies



Barriers to Implementation

Districts were asked to indicate barriers to implementation of sex education in their districts. Barriers listed were remarkably similar across grade levels (elementary, middle, and high schools). The majority of districts indicated that there were no barriers to implementing sex education in their districts (39% of elementary, 40% of middle, and 41% of high schools). The most common barrier mention by districts, regardless of grade level, was lack of time due to other curriculum priorities (30% of elementary, 32% of middle, and 29% of high schools). Between ten and fifteen percent mentioned that financial resources (14% of elementary, 16% of middle, and 15% of high schools), and community support (12% of elementary, middle, and high schools) were barriers. Less than 10% of districts indicated that lack of familiarity or access to curriculum materials was a barrier (9% of elementary, 8% of middle, and 7% of high schools) or that sex education was done by parents or other organizations (8% of elementary, 7% of middle, and 6% of high schools).

Barriers to Sex Education Implementation



Series 1-High School Series 2-Middle School Series 3-Elementary School

IMPLECATIONS OF SURVEY FINDINGS

- The majority of sex education programs began in this state during the 1980's and 1990's. In addition, at all grade levels, it was estimated that almost all students receive sex education in this state. In addition, the majority of sex education programs include lessons on HIV/STD related issues which undoubtedly reflects the changes to section 1169 of the school code teaching about HIV and AIDS in 1987.
- While it would be optimal if the number of sex education lessons were to increase in elementary, middle, and high school, this is unlikely to occur because time constraints due to other priorities was the most frequently named barrier to sex education.
- Sex education scope and sequence should be reviewed (especially at the high school level) so that structure and function is not the primary focus of high school sex education.
- As curriculums are revised by local districts, more skill acquisition activities and peer
 educators should be utilized since recent research on sex education program
 effectiveness has shown greater increase in desired student outcomes in curricula
 incorporating these teaching strategies.
- Changes in classroom teaching strategies, such as those mentioned above, will
 necessitate renewed efforts in professional development activities for classroom
 teachers and for pre-service teacher preparation programs in colleges and universities.
- Comprehensive school health coordinators at selected ISD's need to continue to
 deliver technical assistance to districts regarding sex education programs and staff
 development opportunities. A mechanism to ensure financial resources for this
 assistance to ISD's and local districts needs to be identified.

The Michigan Department of Education gratefully acknowledges the assistance of the districts that participated in this survey. Requests for information should be addressed to: Michigan Department of Education, Comprehensive Programs in Health and Early Childhood, P. O. Box 30008, Lansing, MI 48909 or call (517) 373-7247.

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